

Contents


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1 **1 Introduction**

2 **Part A**

3 The Part A, Dangerous Waste Permit Application (DWPA) Form 1, for the River Protection Project –
4 Waste Treatment Plant (WTP) is included in the following pages. The form includes a figure showing the
5 location of the WTP on the Hanford Site.

6
7 The Part A, DWPA Form 3, for the WTP is included immediately after Form 1.

FORM 1	 <p>Washington State Dangerous Waste Permit General Information <small>(Read "Form 1 Instructions" before starting)</small></p>	<p>1. EPA/State I.D. No.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px;">W</td> <td style="width: 20px;">A</td> <td style="width: 20px;">7</td> <td style="width: 20px;">8</td> <td style="width: 20px;">9</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">0</td> <td style="width: 20px;">8</td> <td style="width: 20px;">9</td> <td style="width: 20px;">6</td> <td style="width: 20px;">7</td> </tr> </table>	W	A	7	8	9	0	0	0	8	9	6	7
W	A	7	8	9	0	0	0	8	9	6	7			

II. NAME OF FACILITY			
US Department of Energy - Hanford Facility			
III. FACILITY CONTACT			
A. Name and Title (last, first, & title)		B. Phone (area code & no.)	
Klein, Keith A., Manager		(509) 376-7395	
IV. FACILITY MAILING ADDRESS			
A. Street or P.O. Box			
PO Box 550			
B. City or Town		C. State	D. Zip Code
Richland		WA	99352
V. FACILITY LOCATION (SEE FIGURE ON PAGE 4)			
A. Street, Route No., or Other Specific Identifier			
Hanford Site			
B. County Name			
Benton			
C. City or Town	D. State	E. Zip Code	F. County Code (if known)
Richland	WA	99352	005
VI. SIC CODES (4-digit, in order of priority)			
A. First		B. Second	
9999	(specify) Nonclassifiable	4953	Refuse Systems
A. Third		B. Fourth	
9511	(specify) Air and Water Resource and Solid Waste Management	8733	Research Noncommercial
VII. OPERATOR INFORMATION			
A. Name		B. Is the name listed in Item VII-A also the owner?	
Department of Energy * Owner/Operator Bechtel National, Inc. ** Co-operator for WTP		<input checked="" type="checkbox"/> YES* <input type="checkbox"/> NO	
C. Status of Operator (Enter the appropriate letter into the answer box; if "Other," specify).		D. Phone (area code & no.)	
F = Federal M = Public (other than federal or state) (specify) P = State P = Private O = Other (specify) F		(509) 376-7395* (509) 371-3500**	
E. Street or P.O. Box			
P.O. Box 550* 3000 George Washington Way**			
F. City or Town	G. State	H. Zip	VIII. INDIAN LAND
Richland	WA	99352	Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

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Page 1

IX. MAP SEE WTP TOPOGRAPHIC MAPS, APPENDIX 2A		
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. This map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.		
X. NATURE OF BUSINESS <i>(provide a brief description)</i>		
Treatment by vitrification of radioactive dangerous waste.		
XI. CERTIFICATION <i>(see instructions)</i>		
<i>I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.</i>		
A. Name & Official Title <i>(Type or print)</i> See attached certification	B. Signature	C. Date Signed

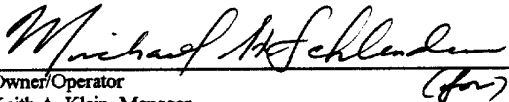


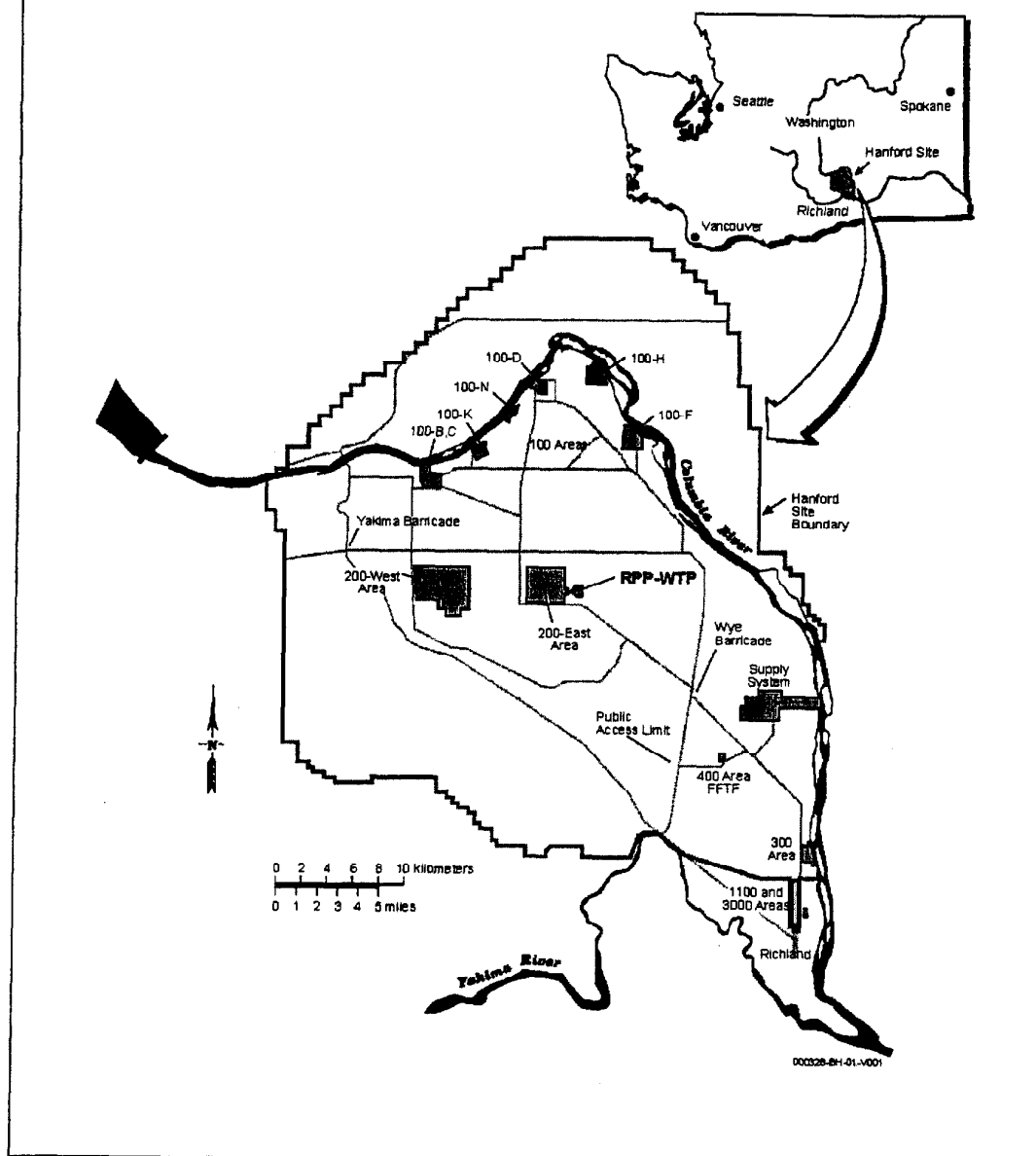
Part A Form 1 Certification	
XI CERTIFICATION	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
 Owner/Operator Keith A. Klein, Manager U.S. Department of Energy, Richland Operations Office	<u>11/28/01</u> Date
 Owner/Operator Harry L. Boston, Manager U.S. Department of Energy, Office of River Protection	<u>11/28/01</u> Date
 Co-operator R. F. Naventi, Project Manager River Protection Project - Waste Treatment Plant Bechtel National, Inc.	<u>28 Nov 01</u> Date

FIGURE LOCATION OF THE WTP ON THE HANFORD SITE



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Page 4

FORM 3	Dangerous Waste Permit Application	1. EPA/State I.D. No. <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">W</td><td style="width:10%;">A</td><td style="width:10%;">7</td><td style="width:10%;">8</td><td style="width:10%;">9</td><td style="width:10%;">0</td><td style="width:10%;">0</td><td style="width:10%;">0</td><td style="width:10%;">8</td><td style="width:10%;">9</td><td style="width:10%;">6</td><td style="width:10%;">7</td> </tr> </table>	W	A	7	8	9	0	0	0	8	9	6	7
W	A	7	8	9	0	0	0	8	9	6	7			
FOR OFFICIAL USE ONLY														
Application Approved	Date Received (month/day/year)	Comments												
II. FIRST OR REVISED APPLICATION														
Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA/STATE I.D. Number, or if this is a revised application, enter your facility's EPA/STATE I.D. Number in Section 1 below.														
A. First Application (place an "X" below and provide the appropriate date)														
<input checked="" type="checkbox"/> 1. Existing Facility (see instructions for definition of "existing" facility. Complete item below.) <input type="checkbox"/> 2. New Facility (complete item below.)														
MO	DAY	YR												
0	3	1 9 4 3												
For existing facilities, provide the date (mo/day/yr) operation began or the date construction commenced. (Use the boxes to the left.)														
MO	DAY	YR												
For new facilities, provide the date (mo/day/yr) operation began or is expected to begin.														
B. Revised Application (place an "X" below and complete Section 1 above.)														
<input checked="" type="checkbox"/> 1. Facility has an Interim Status Permit <input checked="" type="checkbox"/> 2. Facility has a Final Permit														
III. PROCESSES - CODES AND DESIGN CAPACITIES														
A. Process Code - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the (Section III-C).														
B. Process Design Capacity - for each code entered in column A, enter the capacity of the process.														
1. Amount - Enter the amount. 2. Unit of Measures - For each amount entered in column B (1), enter the code from the list of unit measures codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.														
PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY												
Storage:														
Container (barrel, drum, etc.)	S01	Gallons or liters												
Tank	S02	Gallons or liters												
Waste Pile	S03	Cubic yards or cubic meters												
Surface Impoundment	S04	Gallons or liters												
Disposal:														
Injection Well	D80	Gallons or liters												
Landfill	D81	Acre-feet (the volume that would cover one acre to a depth of one foot) or hectare-meter												
Land Application	D82	Acres or hectares												
Ocean Disposal	D83	Gallons per day or liters per day												
Surface Impoundment	D84	Gallons or liters												
Treatment:														
Tank	T01	Gallons per day or liters per day												
Surface Impoundment	T02	Gallons per day or liters per day												
Incinerator	T03	Tons per hour or metric tons per hour; gallons per hour or liters per hour												
Other (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Section III-C)	T04	Gallons per day or liters per day												
Units of Measure	Unit of Measure Code	Units of Measure												
Gallons	G	Liters Per Day												
Liters	L	Tons Per Hour												
Cubic Yards	Y	Metric Tons Per Hour												
Cubic Meters	C	Gallons Per Day												
Gallons Per Day	U	Liters Per Hour												
		V												
		D												
		W												
		E												
		H												
		Acre-Feet												
		Hectare-Meter												
		Acres												
		Hectares												
		A												
		F												
		B												
		Q												

III. PROCESSES -- CODES AND DESIGN CAPACITIES (continued)									
Example for Completing Section III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.									
Line No.	A. Process Code (from list above)			B. Process Design Capacity		2. Unit of Measure (enter code)		For Official Use Only	
				1. Amount (specify)					
X-1	S	0	2	600		G			
X-2	T	0	3	20		E			
1	S	0	1	2,780,000		G			
2	S	0	2	4,735,000		G			
3	T	0	1	29,000		U			
4	T	0	4	Vit 15,000		U			
5	T	0	4	Containment Bldg. 16,000		U			
6									
7									
8									
9									
10									

C. Space for Additional process codes or for describing other process (code "T04"). For each process entered here include design capacity.

Line No. 4 - T04 = Treatment in miscellaneous units by vitrification.

Line No. 5 - T04 = Treatment in miscellaneous units, in containment buildings for vitrified waste and secondary waste.

IV. DESCRIPTION OF DANGEROUS WASTES

A. **Dangerous Waste Number** - Enter the digit number from Chapter 173-303 WAC for each listed dangerous waste you will handle.

If you handle dangerous wastes which are not listed in Chapter 173-303 WAC, enter the four-digit number(s) that describes the characteristics and/or the toxic contaminants of those dangerous wastes.

B. **Estimated Annual Quantity** - For each listed waste entered in Column A, estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A, estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

C. Unit of Measure – For each quantity entered in column B, enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
Pounds	P	Kilograms	K
Tone	T	Metric Tons	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1 Process Codes:

For listed dangerous waste: For each listed dangerous waste entered in column A, select the code(s) from the list of process codes contained in Section III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed dangerous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Section III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed dangerous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D (1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2 Process Description: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

Note: Dangerous wastes described by more than one dangerous waste number - Dangerous wastes that can be described by more than one Waste Number shall be described on the form as follows:

- 1 Select one of the Dangerous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- 2 In column A of the next line, enter the other Dangerous Waste Number that can be used to describe the waste. In column D (2) on that line, enter "included with above" and make no other entries on that line.
- 3 Repeat step 2 for each other Dangerous Waste Number that can be used to describe the dangerous waste.

Example for completing Section IV (shown in line numbers X-1, X-2, X-3, and X-4 below) – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line No.	A. Dangerous Waste No. (enter code)				B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)		D. Processes					
								1. Process Codes (enter)			2. Process Description (if a code is not entered in D(1))		
X-1	K	0	5	4	900	P		T03	D80				
X-2	D	0	0	2	400	P		T03	D80				
X-3	D	0	0	1	100	P		T03	D80				
X-4	D	0	0	2				T03	D80			included with above	

Photocopy this page before completing if you have more than 26 wastes to list.

ID Number (enter from page 1)											
W	A	7	8	9	0	0	0	8	9	6	7

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

V. INFORMATION ON WASTE				D. Processes					
Line No.	A. Dangerous Waste No. (enter code)	B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)			1. Process Codes (enter)			2. Process Description (if a code is not entered in D(1))
1	D001	51,000	T			S02			
2	D003					S02			Included with above
3	D002					T01	S02		Included with above
4	D004					T01	S02		Included with above
5	D005					T01	S02		Included with above
6	D006					T01	S02		Included with above
7	D007					T01	S02		Included with above
8	D008					T01	S02		Included with above
9	D009					T01	S02		Included with above
10	D010					T01	S02		Included with above
11	D011					T01	S02		Included with above
12	D018					T01	S02		Included with above
13	D019					T01	S02		Included with above
14	D022					T01	S02		Included with above
15	D028					T01	S02		Included with above
16	D029					T01	S02		Included with above
17	D030					T01	S02		Included with above
18	D033					T01	S02		Included with above
19	D034					T01	S02		Included with above
20	D035					T01	S02		Included with above
21	D036					T01	S02		Included with above
22	D038					T01	S02		Included with above
23	D039					T01	S02		Included with above
24	D040					T01	S02		Included with above
25	D041					T01	S02		Included with above
26	D043					T01	S02		Included with above

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ID Number (enter from page 1)											
W	A	7	8	9	0	0	0	8	9	6	7

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

V. DESCRIPTION OF DANGEROUS WASTE (continues)				D. Processes				
Line No.	A. Dangerous Waste No. (enter code)	B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)	1. Process Codes (enter)				2. Process Description (if a code is not entered in D(1))
1	WT01			T01	S02			Included with above
2	WT02			T01	S02			Included with above
3	WP01			T01	S02			Included with above
4	WP02			T01	S02			Included with above
5	F001			T01	S02			Included with above
6	F002			T01	S02			Included with above
7	F003			T01	S02			Included with above
8	F004			T01	S02			Included with above
9	F005			T01	S02			Included with above
10	F039 ^a			T01	S02			Included with above
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								

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WTP Dangerous Waste Permit Application

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ID Number (enter from page 1)											
W	A	7	8	9	0	0	0	8	9	6	7

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

V. DESCRIPTION OF DANGEROUS WASTES (continuation)										
Line No.	A. Dangerous Waste No. (enter code)	B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)			D. Processes				
						1. Process Codes (enter)			2. Process Description (if a code is not entered in D(1))	
1	D002	33,500	T			T04	S01			Vitrification treatment process and storage of ILAW and IHLW
2	D004					T04	S01			Included with above
3	D005					T04	S01			Included with above
4	D006					T04	S01			Included with above
5	D007					T04	S01			Included with above
6	D008					T04	S01			Included with above
7	D009					T04	S01			Included with above
8	D010					T04	S01			Included with above
9	D011					T04	S01			Included with above
10	D018					T04	S01			Included with above
11	D019					T04	S01			Included with above
12	D022					T04	S01			Included with above
13	D028					T04	S01			Included with above
14	D029					T04	S01			Included with above
15	D030					T04	S01			Included with above
16	D033					T04	S01			Included with above
17	D034					T04	S01			Included with above
18	D035					T04	S01			Included with above
19	D036					T04	S01			Included with above
20	D038					T04	S01			Included with above
21	D039					T04	S01			Included with above
22	D040					T04	S01			Included with above
23	D041					T04	S01			Included with above
24	D043					T04	S01			Included with above
25	WT01					T04	S01			Included with above
26	WT02					T04	S01			Included with above

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ID Number (enter from page 1)

WA 7 8 9 0 0 0 8 9 6 7

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

WASTE MANAGEMENT RECORD (Summary)									
Line No.	A. Dangerous Waste No. (enter code)	B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)	D. Processes					
				1. Process Codes (enter)				2. Process Description (if a code is not entered in D(1))	
1	WP01				T04	S01			Included with above
2	WP02				T04	S01			Included with above
3	F001				T04	S01			Included with above
4	F002				T04	S01			Included with above
5	F003				T04	S01			Included with above
6	F004				T04	S01			Included with above
7	F005				T04	S01			Included with above
8	F039 ^a				T04	S02			Included with above
9									
10									
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14									
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26									

Photocopy this page before completing if you have more than 26 wastes to list.

ID Number (enter from page 1)

WA 7 8 9 0 0 0 8 9 6 7

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

Line No.	A. Dangerous Waste No. (enter code)	B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)			D. Processes				
						1. Process Codes (enter)			2. Process Description (if a code is not entered in D(1))	
1	D002	1,800	T			T04	S01			Treatment and storage in containment buildings
2	D004					T04	S01			Included with above
3	D005					T01	S01			Included with above
4	D006					T04	S01			Included with above
5	D007					T04	S01			Included with above
6	D008					T04	S01			Included with above
7	D009					T04	S01			Included with above
8	D010					T04	S01			Included with above
9	D011					T04	S01			Included with above
10	D018					T04	S01			Included with above
11	D019					T04	S01			Included with above
12	D022					T04	S01			Included with above
13	D028					T04	S01			Included with above
14	D029					T04	S01			Included with above
15	D030					T04	S01			Included with above
16	D033					T04	S01			Included with above
17	D034					T04	S01			Included with above
18	D035					T04	S01			Included with above
19	D036					T04	S01			Included with above
20	D038					T04	S01			Included with above
21	D039					T04	S01			Included with above
22	D040					T04	S01			Included with above
23	D041					T04	S01			Included with above
24	D043					T04	S01			Included with above
25	WT01					T04	S01			Included with above
26	WT02					T04	S01			Included with above

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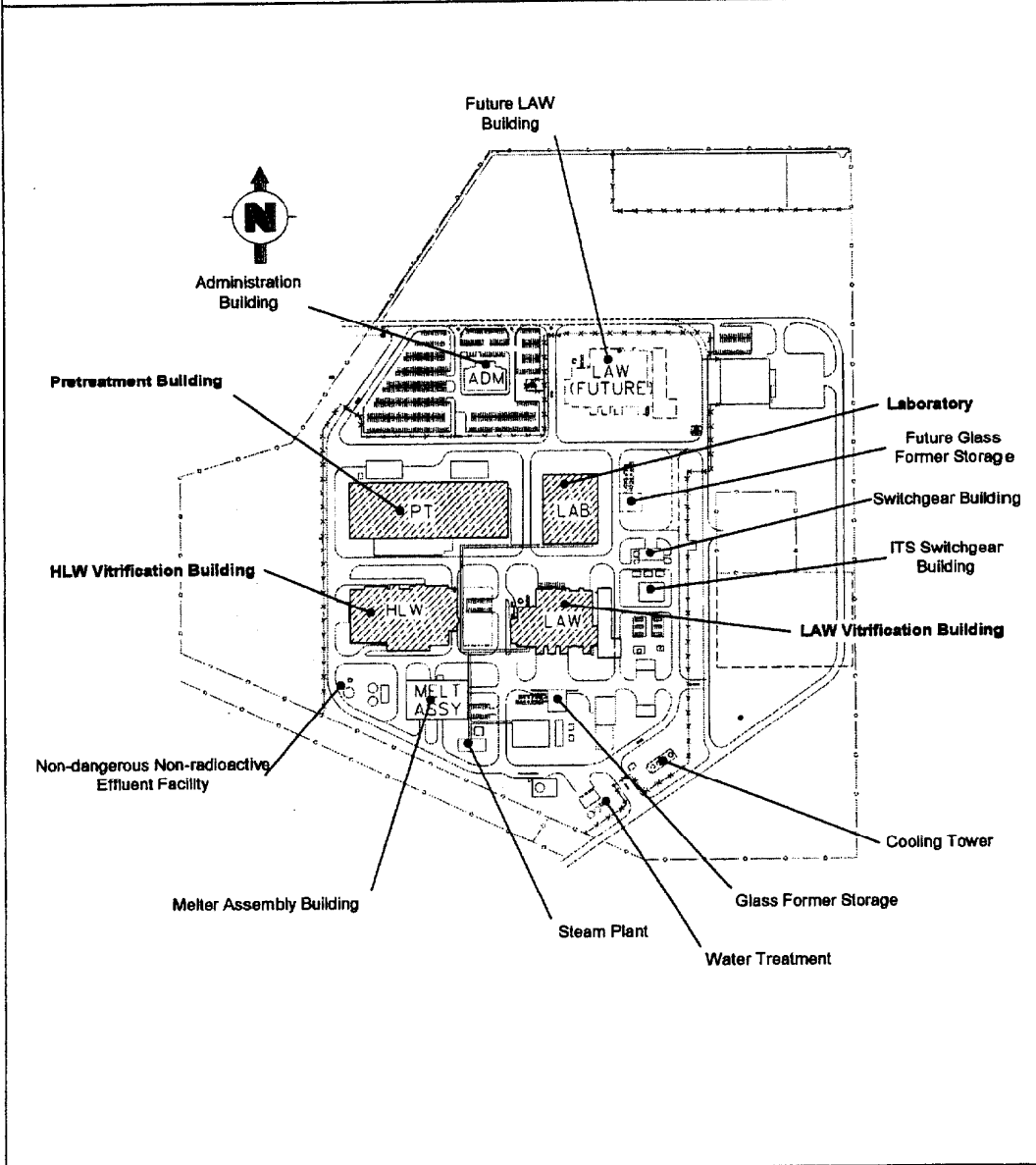
ID Number (enter from page 1)											
W	A	7	8	9	0	0	0	8	9	6	7

IV. DESCRIPTION OF DANGEROUS WASTES (continued)

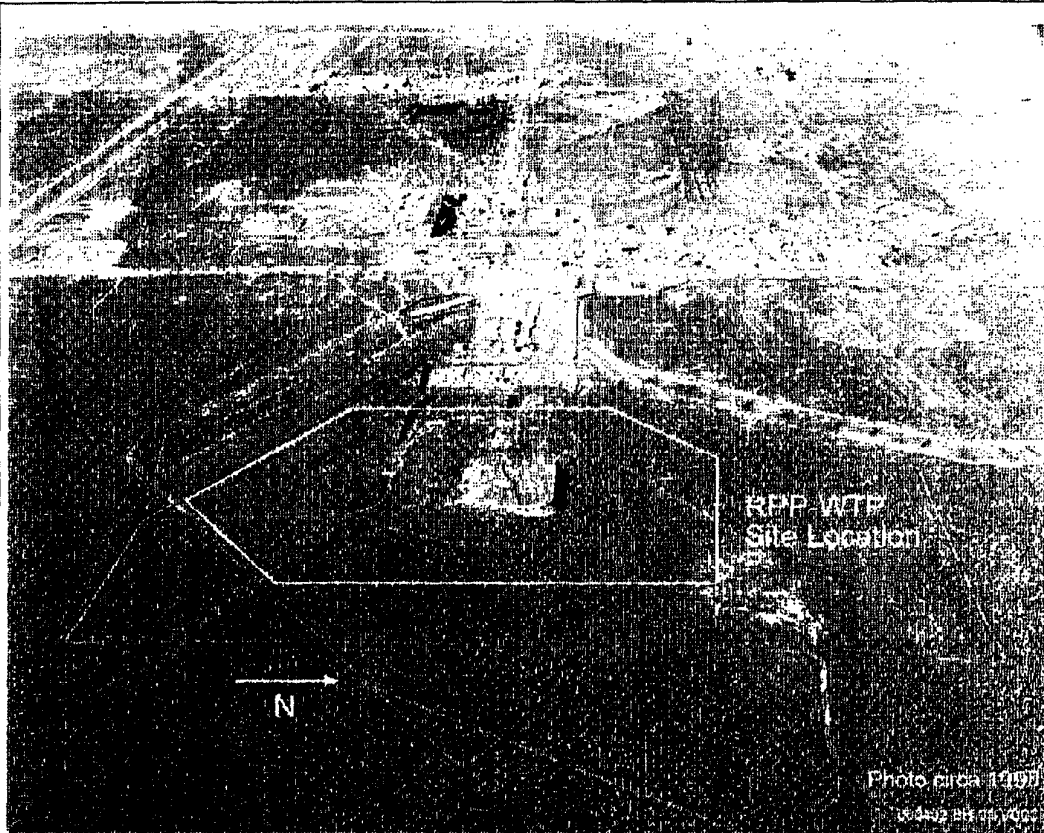
TABLE 100-10. DANGEROUS WASTE (CONTINUED)									
Line No.	A. Dangerous Waste No. (enter code)	B. Estimated Annual Quantity of Waste	C. Unit of Measure (enter code)	D. Processes					2. Process Description (if a code is not entered in D(1))
				1. Process Codes (enter)					
1	WP01				T04	S01			Included with above
2	WP02				T04	S01			Included with above
3	F001				T01	S01			Included with above
4	F002				T04	S01			Included with above
5	F003				T04	S01			Included with above
6	F004				T04	S01			Included with above
7	F005				T04	S01			Included with above
8	F039 ^a				T04	S01			Included with above
9									
10									
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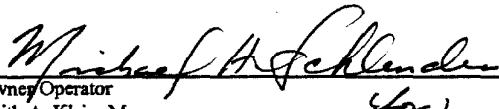
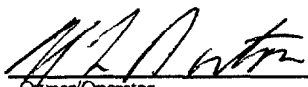

IV. DESCRIPTION OF DANGEROUS WASTES (continued)			
E. Use this space to list additional process codes from Section D(1)			
a. F039 is a multisource leachate included as a waste derived from non-specific source wastes F001 through F005.			
V. FACILITY DRAWING			
See facility drawing, including all existing facilities, on page 6.			
VI. PHOTOGRAPHS			
See facility photograph on page 7			
VII. FACILITY GEOGRAPHIC LOCATION			
LATITUDE (degrees, minutes, & seconds)		Longitude (degrees, minutes, & seconds)	
46	33	07	119 30 23
VIII. FACILITY OWNER			
A. If the facility owner is also the facility operator as listed in Section VII on Form 1, "General Information," place an "X" in the box to the left and skip to section IX below.			
<input checked="" type="checkbox"/> B. If the facility owner is not the facility operator as listed in Section VII on Form 1, complete the following:			
1. Name of Facility's Legal Owner		B. Phone Number (area code & no.)	
See Form 1 page			
3. Street or P.O. Box		4. City or Town	5. State
			6. Zip Code
IX. OWNER CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			
Name (print or type) See attached certification		Signature	Date Signed
X. OPERATOR CERTIFICATION			
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.			
Name (print or type) See attached certification		Signature	Date Signed

V. FACILITY DRAWING



VL PHOTOGRAPH



Part A Form 3 Certification	
IX AND X. OWNER AND OPERATOR CERTIFICATIONS	
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.	
 Owner/Operator Keith A. Klein, Manager U.S. Department of Energy, Richland Operations Office	<u>11/28/01</u> Date
 Owner/Operator Harry L. Boston, Manager U.S. Department of Energy, Office of River Protection	<u>11/28/01</u> Date
 Co-operator R. F. Naventi, Project Manager River Protection Project - Waste Treatment Plant Bechtel National, Inc.	<u>28 Nov 01</u> Date